

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890799

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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50						
TOTAL D.	3					
TOTAL EP.	13	13	13	13	13	13
TOTAL AIMS	13	13	13	13	13	13

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

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BEST AVAILABLE COPY